

MONTCLAIR PUBLIC SCHOOLS
Montclair, New Jersey

Dear Parent/Guardian:

In keeping with the high level of health care provided by the Montclair Public Schools, we may need to share medical information about your child's health and safety while in school. By signing below, you authorize the school nurse to share specific medical information with school staff.

This information is shared on a "need to know" basis in accordance with FERPA (Family Education Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability) confidentiality laws. Please contact the school nurse in your child's school with any questions.

Student's Name: _____

Birthdate: _____

Specific Medical Information That May Be Shared

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____